

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2004 8:00 am  
Secretary of State

02-11-2004 90022 010 \*\*\*150.00

DOCUMENT # P03000083208

1. Entity Name  
GILGAL ENTERPRISES, INC.



Principal Place of Business  
1190 COPPER CREEK DRIVE  
MACLENNY, FL 32063

Mailing Address  
1190 COPPER CREEK DRIVE  
MACLENNY, FL 32063

54004744



2. Principal Place of Business  
*Same*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

*56-2382004*

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
*AARON F. BROWN*  
Street Address (P.O. Box Number is Not Acceptable)

*1190 COPPER CREEK DR*

City *Macclenny*

FL

Zip Code  
*32063*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-10-04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, AARON F	
STREET ADDRESS	1190 COPPER CREEK DRIVE	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE	DV	<input type="checkbox"/> Delete
NAME	YEAGER, JAMES A	
STREET ADDRESS	1190 COPPER CREEK DRIVE	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, DEBORAH L	
STREET ADDRESS	1190 COPPER CREEK DRIVE	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE	T	<input type="checkbox"/> Delete
NAME	YEAGER, KELLY	
STREET ADDRESS	1190 COPPER CREEK DRIVE	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-10-2004*

*(904) 259-5802*